



Department of Corrections

## ADMINISTRATIVE BULLETIN

Subject: SUICIDE PREVENTION

Number:

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The purpose of this Administrative Bulletin is to announce the California Department of Corrections' (CDC) suicide prevention policy to minimize the rate of inmate suicides. This comprehensive program consists of four sub-parts noted below:

- ☐ Suicide Prevention Program.
- ☐ Suicide Attempt in Progress.
- ☐ Information Transfer.
- ☐ Suicide Reporting Procedures.

It is the responsibility of each institution to review and incorporate each element of the program into institutional operational procedures.

### **SUICIDE PREVENTION PROGRAM**

Each institution shall implement a formal Suicide Prevention Program for inmates who display self-injurious or suicidal behavior including suicide ideation and intent. Elements I, II and III below constitute a "step-down" process for at risk inmates. This process requires clinical judgment and custody input. As a basic minimum, each institution shall include at least four elements in their prevention program. These elements are:

- I. Suicide Watch.
- II. Suicide Precautions.
- III. Follow-up Treatment.
- IV. Staff Training.

Health Care Services Division (HCSD) shall conduct an annual administrative review of each institution's Suicide Prevention Program. Documentation of this administrative review shall appear in medical staff committee minutes. Institutional procedures and policies shall be updated annually with approval by the Clinical Director, Patient Care Policy Committee and the Governing Body.

#### **I. Suicide Watch.**

When the inmate is judged by medical staff to be actively suicidal, he/she shall be placed in a General Acute Care Hospital (GACH), Correctional Treatment Center (CTC), Skilled Nursing Facility (SNF), Outpatient Housing Unit (OHU), or other appropriate health care facility where constant one-on-one observation by assigned staff shall take place. Admission to these facilities shall be by written clinician's orders, consistent with the policies and procedures of the facility. The assigned staff shall assume a position outside the inmate-patient's cell where continual direct visual contact is maintained, including in the shower and lavatory.



Department of Corrections

## ADMINISTRATIVE BULLETIN

**Subject: SUICIDE PREVENTION**

**Number:**

**Date Issued:**

**Cancelled Effective:**

- 2 -

Assigned staff shall note the inmate's behavior every 15 minutes on the CDC Form 114A, Isolation/Segregation Record. Nursing staff assigned to the inmate-patient shall document the inmate-patient's behavior and affect every half-hour on a CDC Form 7212, Nursing Care Record (in non-acute settings) or on CDC Form 7212A, Nursing Care Record-Acute Hospital (in acute settings).

Custody and medical staff shall maintain a close working relationship to assure the safety and security of the suicidal inmate-patient. Medical staff shall be notified immediately if the inmate-patient displays any unusual behavior. The inmate-patient's progress shall be monitored by the Interdisciplinary Treatment Team (IDTT). The suicide watch orders shall be reviewed and renewed, as appropriate, every 24 hours by a clinician who shall document daily in the Progress Notes.

### **II. Suicide Precautions.**

When an inmate is at a high risk of attempting self injurious behavior, but is not in immediate danger, he/she shall be placed on suicide precautions in a GACH, CTC, SNF, OHU, or other appropriate health care facility. This is a patient management procedure which requires a clinician's order. No furniture shall be allowed in the room unless approved by the clinician. The inmate may be given a safety mattress on the floor, a safety blanket and only limited clothing items. The clinician's orders shall be reviewed and renewed, as appropriate, every 24 hours after consultation with the IDTT with documentation on the Progress Notes. Nursing staff shall document the inmate-patient's behavior every four hours on a CDC Form 7212 or 7212A.

### **III. Follow-up Treatment.**

Discharge from the GACH, CTC, SNF, OHU, or other appropriate health care facility shall be done by a clinician in consultation with the IDTT. Discharge shall occur only when the inmate-patient is considered to be no longer a danger to self. Upon discharge from suicide watch or precautions, the custodial supervisor of the affected housing unit shall be alerted to the inmate's pending arrival. A clinician shall provide follow-up treatment on an out-patient basis, with due consideration to custody concerns. A written treatment plan developed by the IDTT shall be included in the inmate's Unit Health Record (UHR). This shall include type of housing, medication, type and frequency of therapy, and explicit recommendations on the monitoring and tracking of the inmate to ensure treatment compliance.



Department of Corrections

## ADMINISTRATIVE BULLETIN

Subject: SUICIDE PREVENTION

Number:

Date Issued:

Cancelled Effective:

- 3 -

#### IV. Staff Training.

The institution's Suicide Prevention Coordinator shall work in conjunction with the in-service training (IST) staff to ensure that all employees who have regular inmate contact are trained in the signs and symptoms of suicidal ideation and the appropriate procedures for staff intervention. The coordinators and IST staff should utilize cost effective methods to annually test for employee awareness and understanding in this area. The training shall include, but not be limited to the following:

##### A. Suicide Risk Assessments.

For the clinician, the assessment of an inmate-patient is a critical function within the institutional setting. Research and clinical experience has shown that the inmate-patient frequently denies suicidal thoughts when questioned by mental health professionals. Sometimes only very close relatives or intimate friends are aware of the inmate-patient's intentions. Therefore, each inmate-patient receiving mental health treatment should be repeatedly examined for suicide propensity. Frequently, these inmate-patients focus on physical symptoms and ignore their mental condition.

##### B. Predictors of Suicide.

There are several predictors of a possible suicide attempt. These are outlined in the Department's Suicide Prevention Handbook. Included are such factors as the presence of a psychiatric disorder, previous suicidal behavior and the occurrence of an upsetting event.

#### **SUICIDE ATTEMPT IN PROGRESS**

A suicide attempt is a medical emergency that requires a quick and appropriate response. Due to the dire need to give the person attempting suicide immediate medical care, it is imperative that medical assistance is summoned as soon as possible. However, it is equally important that staff work within established security and safety requirements including universal precautions before entering a dangerous situation. It is imperative to remember that only a physician is qualified to determine if the inmate has expired and is beyond medical help.

##### I. Emergency Cut-Down Kit.

Staff shall have immediate access to and shall use a cut-down kit composed of an emergency cut-down tool, artificial respiration equipment (AMBU bag), and latex gloves. This kit shall be stored in each inmate housing unit, in an area not accessible to inmates, consistent with security



Department of Corrections  
**ADMINISTRATIVE BULLETIN**  
Subject: SUICIDE PREVENTION

Number:

Date Issued:

Cancelled Effective:

- 4 -

concerns. In those institutions with housing unit control booths, the kits shall be stored in the individual booths.

## **II. Security and Safety Issues.**

Security and safety procedures shall be followed including the use of required equipment and procedures when dealing with bodily fluids. It is also critical that the crime scene and any evidence be preserved.

## **III. Emergency Response (To be performed by the first person(s) on the scene).**

The first person(s) on the scene is responsible for the emergency response. This person must make a quick visual inspection and summon medical and custodial assistance immediately. Medical and custodial staff shall be informed of the nature of the emergency by the most expedient method available. Then the first person(s) on the scene enters the area only when it is safe to do so.

### **A. Hanging:**

1. The cut-down kit shall be transported to the location immediately.
2. Clearing the obstruction to the airway as quickly as possible is critical to saving the life of the inmate attempting suicide by hanging. When it is safe, a minimum of two staff shall enter the area where the inmate is located to relieve pressure on the airway by using a stable object for support to hold the inmate or by physically lifting the inmate's weight off of the noose. The inmate shall be cut down (using the cut-down kit) by cutting above the knot and then loosening the noose. Any item of evidentiary value shall be preserved.
3. Once the inmate is cut down, if medical staff have not arrived on site, Cardiopulmonary Resuscitation (CPR) (using AMBU bag) or other life-saving procedures appropriate to the situation shall be started, commensurate with the staff members' training and experience, and the inmate shall be transported to the medical department.
4. Upon arrival, medical staff shall assume responsibility for medical care, including any decisions about CPR and transportation of the inmate to the medical department.



Department of Corrections

## ADMINISTRATIVE BULLETIN

Subject: SUICIDE PREVENTION

Number:

Date Issued:

Cancelled Effective:

- 5 -

B. Laceration:

1. Use latex gloves/appropriate personal protective equipment.
2. Utilize whatever clean material is available to apply pressure to the wound site.
3. Elevate extremities if they are bleeding.
4. Transport to the medical department.

C. Other Methods (e.g., overdosing, trauma, swallowing dangerous objects):

Provide assistance to medical staff and obtain as much information as possible.

### **INFORMATION TRANSFER**

It is imperative that the UHR's of inmates with known histories of attempted suicide or predictors of suicide contain complete and accurate documentation of the inmate's mental health status. This information shall be forwarded to the receiving institution when the inmate is transferred.

### **SUICIDE REPORTING PROCEDURES**

#### **I. Institutional Responsibilities.**

A Suicide Prevention Coordinator and alternate shall be appointed at each institution. The alternate shall act for the Coordinator in the Coordinator's absence. Both the Coordinator and alternate shall be licensed clinicians (Psychiatrist, Psychologist, Social Worker, or Registered Nurse). The duties of the Coordinator and alternate are as follows:

- A. Ensure that the suicide prevention coordinator and alternate are promptly notified of each suicide.
- B. Ensure that the suicide prevention coordinator and alternate are fully knowledgeable concerning the facts surrounding each suicide.
- C. Act as the point of contact with the appropriate Regional Administrator in Health Care Operations (HCO) regarding suicides.



Department of Corrections

## ADMINISTRATIVE BULLETIN

Subject: SUICIDE PREVENTION

Number:

Date Issued:

Cancelled Effective:

- 6 -

- D. Under the direction of the Chief Medical Officer (CMO), coordinate and/or complete death reporting documents listed below. These reports shall be faxed to the Death Review Coordinator (DRC) at the HCSD headquarters within specified time frames.
1. CDC Form 7229 Parts A, Inmate Death Report, and B, Inmate Death Report - Inmate Suicide, completed by medical staff and approved by CMO.
  2. CDC Form 837-A, B, and C, Crime/Incident Report - Part A, B and C completed by custody staff.
- E. Prepare a Psychological Autopsy and forward a copy to the DRC within 30 days of the suicide (see Attachment 1 - "Guide for the Psychological Autopsy of an Inmate Suicide"). Particular attention is to be paid to the "Recommendations" section of the autopsy. These recommendations shall be approved by the CMO and reviewed by the Warden and set forth a time table (not to exceed 60 days) for implementation. Copies are to be provided to the institutional CMO or institutional Chief Psychiatrist, and Warden, and shall be clearly marked "Confidential." There is one exception to this recommendations requirement. If it is determined that the Coroner's Autopsy may impact the recommendations, this shall be indicated in the "Conclusions" section of the Psychological Autopsy along with the reasons for reaching such a conclusion. In these cases, the recommendations shall be made in a supplemental report prepared within 30 days of receipt of the Coroner's Autopsy.
- F. In those cases where recommendations have been made as part of the original Psychological Autopsy, the Coroner's Autopsy when received, shall be reviewed by the Suicide Prevention Coordinator and a physician to determine if the results would significantly alter the findings of the Psychological Autopsy. If there is significant impact, a supplement to the original Psychological Autopsy shall be prepared and forwarded as outlined in E above.
- G. Prepare a follow-up report on action taken on the recommendation(s). This report is to be signed by the Warden and CMO or institutional Chief Psychiatrist. This report is to be sent to the Senior Psychologist, HCO, HCSD and is due within 30 days following the implementation of the recommendation(s) (120 days following the suicide).

## II. Mental Health Services (MHS) Coordinator Responsibilities.

The HCO Senior Psychologists shall be the MHS Coordinator of suicide prevention activities. The duties of the HCO Senior Psychologists include, but are not limited to:



Department of Corrections  
**ADMINISTRATIVE BULLETIN**  
**Subject: SUICIDE PREVENTION**

**Number:**

**Date Issued:**

**Cancelled Effective:**

- 7 -

- A. Review the Psychological Autopsy and related documents and prepare a Suicide Report on the case. This includes assembling a complete report which consists of the following documents:
1. Executive Summary.
  2. Recommendations from the Psychological Autopsy.
  3. CDC Form 837 A, B, and C.
  4. CDC Form 7229A.
  5. CDC Form 7229B.
  6. Offense History.
  7. Movement History.
- B. Route completed reports through the following:
1. Chief, MHS, HCSD
  2. Regional Administrator, HCSD
  3. Assistant Deputy Director, HCO, HCSD
  4. Deputy Director, HCSD
  5. Chief Deputy Director, Field Operations
- Copies of all reports shall also be forwarded to the appropriate Regional Administrator and Deputy Director, Institutions Division; DRC, Senior Psychologist, HCO, and appropriate Regional Administrator, HCSD; CMO, Warden, and Chief Psychiatrist or Senior Psychologist at the institution where the suicide occurred.
- C. Convene meetings with institutional staff as required.
- D. Make recommendations for improvements in the overall suicide prevention program.
- E. Act as a consultant to IST programs regarding suicide prevention.
- F. Coordinate information from CDC legal staff when required.



Department of Corrections

## ADMINISTRATIVE BULLETIN

Subject: SUICIDE PREVENTION

Number:

Date Issued:

Cancelled Effective:

- 8 -

- G. Make recommendations for further action, as appropriate, on specific cases.
- H. Ensure that the reporting requirements and other activities outlined in this AB are performed in a timely manner.

### III. MHS Responsibilities.

- A. The MHS shall maintain a file of all information received regarding suicides. Included in this file shall be:
  - 1. Copy of the completed report (see II. A. above).
  - 2. Reports of subsequent actions taken and recommendations.
  - 3. Any other documents generated as a result of any subsequent inquiry or investigation.
- B. The MHS shall prepare a statistical report covering all suicides. This report shall be prepared on an annual basis and distributed to all institutional and appropriate headquarters' management and staff.

Please inform all persons concerned of the contents of this bulletin which shall remain in effect until incorporated into the appropriate sections of the Department's Operations Manual. Direct any inquiries regarding this bulletin to the Chief of MHS, HCSD, at (916) 323-0236 or CALNET 473-0236.

STEVEN CAMBRA, JR.  
Chief Deputy Director  
Field Operations

Attachment